**CERTIFICATE OF MAILING**

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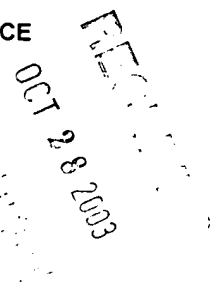
"Commissioner for Patents,
P.O. Box 1450
Alexandria, VA 22313-1450"

on October 24, 2003

Kevin J. Stein
KEVIN J. STEIN
Reg. No. 47,966
Attorney for Applicant(s)

10/24/03
Date of
Signature

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office



Customer No.: 000201
Attorney Docket No.: J3511(C)
Applicant: Landa et al.
Serial No.: 09/764,829
Filed: January 17, 2001
For: Antimicrobial Antiperspirant Products

Group: 1616
Examiner: N. Pryor
Edgewater, New Jersey 07020
October 24, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

| | (2) * Claims Remaining After Amendment | | (4)** Highest No. Previously Paid For | (5) Present Extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-----------|--------------------|
| Total Claims | | Minus | | | \$ 18.00 | |
| Independent Claims | | Minus | | | \$ 80.00 | |
| Multiple Claims | | | | | \$ 270.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$ |

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

[] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

[X] 37 C.F.R. § 1.16;

[X] 37 C.F.R. § 1.17;

[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

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